

**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE - Credentialing Division
P.O. Box 94986, Lincoln, Nebraska 68509-4986
402-471-2117

**MASSAGE THERAPY
APPLICATION FOR REVIEW OF A
WRITTEN PAPER FOR
CONTINUING EDUCATION**

SECTION A – Applicant's Name and Address (Please print your name and full address)

First:	Middle:	Last:
Address:		
City:	State:	Zip

Signature: _____

Date: _____ Telephone Number: _____

SECTION B – Paper Information

Topic of Paper: _____

NOTE: If approved, 7 continuing education hours will be granted.

BOARD REVIEW and DECISION:

- ☐ Approved Topic Area
- ☐ 12 point type, double spaced, 1 inch margins
- ☐ Cover page which includes title of paper
- ☐ 7 full pages (cover page not included)
- ☐ Names of 3 references (limit of 1 internet site)
- ☐ Name/address of licensee

☐ Approved _____ hours credit

☐ Denied, Reason: _____

(Signature of Reviewer)

(Date)